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**FORM VA-15** (DOC ID 315)

Please do not fold or staple **EMPLOYER'S VOUCHER FOR PAYMENT OF VIRGINIA** INCOME TAX WITHHELD (SEMI-WEEKLY)

SEE INSTRUCTIONS

FOR INFORMATION CALL: 804-367-8037

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FOR PERIOD ENDING ACCOUNT NUMBER FEIN FOR CHANGE OF ADDRESS OR OUT OF BUSINESS. USE FORM R-3 REGISTRATION CHANGE REQUEST FORM

When Virginia income tax withheld exceeds \$500 by Tuesday or Friday of any week or at the close of any other federal period (for example, the last day of a quarter, or when \$100,000 in federal tax has accumulated), pay within 3 banking days thereafter.

MAIL CHECK AND THIS PAYMENT VOUCHER TO:

VIRGINIA DEPARTMENT OF TAXATION P.O. BOX 27264 RICHMOND, VA 23261-7264

**PAYMENT** AMOUNT



I declare that examined by r I declare that this return (including any accompanying schedules and statements) has been examined by me and the best of my knowledge and belief is a true, correct and complete return.

Please do not write below this line